

APPLICATION FOR A LICENSE AS AN OCEAN TRANSPORTATION INTERMEDIARY

FOR USE IN PREPARING

FORM **FMC-18**

(Rev. March 1, 1999)



FEDERAL MARITIME COMMISSION

FILING INFORMATION

I. BEFORE PROCEEDING

You should familiarize yourself with the rules and regulations pertaining to ocean transportation intermediaries. These rules and regulations are contained in section 19 of The Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998, and 46 C.F.R. part 515 of the Commission's regulations. Copies of these documents may be obtained from the Bureau of Tariffs, Certification and Licensing ("BTCL"), Office of Freight Forwarders (for OTI Freight Forwarders) or the Office of Tariffs (for OTI Non-Vessel-Operating Common Carriers.)

Failure to follow the rules and regulations may result in denial, revocation or suspension of an ocean transportation intermediary license. Persons operating without the proper license may be subject to civil penalties not to exceed \$5,500 for each violation unless the violation is willfully and knowingly committed, in which case the amount of the civil penalty may not exceed \$27,500 for each violation.

Where To Get Forms

You may obtain copies of the Form FMC-18 at the Commission's website, www.fmc.gov, or by writing to the Federal Maritime Commission, Bureau of Tariffs, Certification and Licensing, Washington, D.C. 20573-0001. You may also telephone BTCL, Office of Freight Forwarders at (202) 523-5843 or Office of Tariffs at (202) 523-5818 or fax at (202) 523-5830 to request copies of the Form FMC-18.

Where To Get Help

You may contact BTCL any time during normal working hours by telephone at (202) 523-5843 (Office of Freight Forwarders) or (202) 523-5818 (Office of Tariffs) or by fax at (202) 523-5830.

II. COMPLETING THE FORM

The Form FMC-18, including any attachments, must be submitted in duplicate with all applicable Parts completed. If a question within a Part is not applicable, write "N/A". Incomplete applications will be returned without processing.

Complete only those Parts that apply to your situation. The information section and Part F must be completed by all persons for all submissions. Specifically:

<u>Application for</u>	<u>Parts</u>
Initial application for a license	A C D E F
License transfer	A D E F
Business structure change	A D E F
Name Change	B F
Replacement or additional qualifying individual	C D F
Other	Applicable parts

Please type the form if possible. If you are unable to type the form, please use blue or black ink. If additional space is needed to respond to Parts C, D or E, please photocopy the appropriate page and continue entering the information. It is suggested that additional pages be marked 2A, 3A etc. Use as many letters as is necessary. In any other instance where it is necessary to attach a separate sheet, please number the

response to match the item number on the application, e.g. Part A, Question No. 7.

Name and Address

The complete legal name of the applicant shall be shown in this section. A document supporting the legal name shall be attached to the Form FMC-18 with the initial application. Documentation is also required for applications seeking approval of a change in business structure, license transfer or name change. See Part A. All applications must contain a street address. Post office boxes are not acceptable.

The license number should only be completed for those persons that are already licensed. If applicant previously held a freight forwarder or ocean transportation intermediary license and it was revoked or surrendered, you should complete Question No. 3, Part A.

Line By Line Instructions

PART A - GENERAL

1. Check the appropriate box that applies to the applicant. For corporations, a "Certificate of Good Standing" is considered support for the legal name of a corporation. Other acceptable documentation could be a copy of a Business License or Partnership Agreement. Documentation supporting the use of a trade name must be submitted with an initial application or where the application seeks a change in business structure, license transfer, or name change.
2. If the applicant is going to conduct business through branch offices or open up a branch office, this question must be answered in the affirmative and the number of branch offices set forth. If you answered in the affirmative, complete Part E.
3. If the applicant ever held a license as a freight forwarder or ocean transportation intermediary or this is an application for a license transfer, this question must be completed. For license transfers, the information will be that of the transferring licensee.
4. Describe applicant's current business activities e.g. export shipper, steamship agent, air freight forwarder, NVOCC, etc. If applicant is currently licensed as an ocean freight forwarder or an NVOCC, please include your license and bond number.
5. If applicant intends to share office space or is currently sharing space with another person or firm, please identify the person/firm and explain the relationship, e.g. parent company, no affiliation-paying rent, sister company with common stock ownership, etc.
6. Identify any person or entity (other than a bank or finance company) who is providing financial assistance to your company including anyone who is providing collateral for the surety bond.
7. Check all the boxes that apply. If the response to any question is yes, please attach an explanation.

PART B - NAME CHANGE

8. If you are changing the name of your company, the new name of the company should appear here. A document supporting the legal name shall be attached to the Form FMC-18. For corporations, the "Certificate of Good Standing" is considered support for the legal name of a corporation. Other acceptable documentation could be a Business License or Partnership Agreement.

If you are changing your trade name or adding a trade name, you must attach the appropriate documentation supporting that name. If you are deleting a trade name, clearly specify the name being deleted.

PART C - QUALIFYING INDIVIDUAL

9. Identify the name and title of the proposed qualifying individual for applicant's company. Only the following individuals may be the qualifying individual:

<u>Business Structure</u>	<u>Qualifying Individual</u>
Sole proprietor	Applicant
Partnership	Active managing partner
Corporation	Active corporate officer

If applicant is proposing more than one qualifying individual, photocopy pages 2, 3 and 4 and number them 2A, 3A etc. Use a different letter for each qualifying individual.

10. Check all the boxes that apply. If replacing a qualifying individual, please show that person's name.
11. Check the box that applies. If the qualifying individual is a corporate officer or partner, attach documentation that will verify that fact, e.g. a copy of the corporate minutes electing the qualifying individual or the partnership agreement.
12. Show the total number of years and months of ocean transportation intermediary experience that the qualifying individual is submitting for consideration. The qualifying individual must have a minimum of three years experience in the ocean transportation intermediary business in the United States in order to be approved. (See 46 C.F.R. §§ 515.11(a), 515.2(i) and 515.2(l)).
13. Check the boxes that apply. If the response to any question is yes, please attach an explanation.
14. Show the employment history of the qualifying individual only as it relates to those jobs where experience was gained in the ocean transportation intermediary business in the U.S. export trades. To insure that those work experiences are acceptable, it is suggested that you review 46 C.F.R. §§ 515.2(i) and (l) of the Commission's rules. Several examples of work experience that are not considered acceptable are: experience gained overseas (import) for a freight forwarder license or in air freight forwarding, custom house brokerage or motor freight forwarding.
15. Identify three persons, unrelated to the qualifying individual or applicant, who can speak to the duties performed by the qualifying individual. The Commission may contact these persons to verify the information set forth on the Form FMC-18.

PART D - OWNERSHIP AND AFFILIATIONS

16. Sole proprietorships must show the name of the sole proprietor. Partnerships or similar entities should list the name of the partners. Corporations should list the name and title of each officer, director, or stockholder and the percentage of ownership.
17. List whether applicant, qualifying individual, other officer, director, partner or stockholder will have a beneficial interest in shipments moving in the United States commerce as defined in 46 C.F.R. 515.2(b).
18. Please list any organization or entity of any type whether in the United States or abroad which is affiliated with the applicant. An affiliation is deemed to exist if any person listed in Question 16 is an officer

or director or a partner or owner or a stockholder (5% or more) or an employee of any other firm in the United States or abroad. Please also indicate any organization or entity of any type whether in the United States or abroad which are related to the applicant in any other way (e.g., where the applicant holds stock in another entity).

Applicants which are members of large organization or are affiliated with international conglomerates may submit a listing of all subsidiaries and affiliations printed in the group's annual report.

PART E - BRANCH OFFICES

19. Identify all branch offices of the applicant. Incorporated branch offices must be separately licensed. If you need additional space, photocopy Page 6 and continue entering the information. It is suggested that additional pages be marked 6A, 6B, etc.

PART F - CERTIFICATIONS

20. The Form FMC-18 is not considered a valid application unless it is signed. The application must include the title of the individual signing the application and the date of execution. Sole proprietors should also complete the Certification at the top of Page 7 pertaining to the distribution or possession of a controlled substance.

Fees

Following is a list of the fees required to be submitted with various types of applications:

New license	\$ 778	
License transfer		362
Business structure change	362	
Name Change	362	
Replacement or additional qualifying individual	362	

All payments may be made by money order, certified check, cashier's check or personal check made payable to the "Federal Maritime Commission." Please do not send cash. Failure to include the proper fee with your application will cause it to be returned without processing. It should also be noted that fees will not be returned in any instance where the application has been processed in whole or part.

Before Filing Your Application

Please check the application to make certain that all applicable parts have been completed and all questions are answered or noted "N/A" within those Parts. Attach all supporting documentation (e.g. proof of legal name) and include the proper fee. Should you have any questions, please call BTCL, Office of Freight Forwarders at (202) 523-5843 or Office of Tariffs at (202) 523-5818 before filing your application.

Where To File

The completed application Form (FMC-18) for OTI Freight Forwarders should be mailed to the Federal Maritime Commission, Bureau of Tariffs, Certification and Licensing, Office of Freight Forwarders, Washington, D.C. 20573-0001. The completed application Form (FMC-18) for OTI Non-Vessel-Operating Common carriers should be mailed to the Federal Maritime Commission, Bureau of Tariffs, Certification and Licensing, Office of Tariffs, Washington, D.C. 20573-0001. No street address is needed.

Change In Facts

Any change in the facts contained in the Form FMC-18 must be reported to the Commission within 30 days of the change. If this is an initial application for a license, the change should be reported as soon as possible to preclude any processing delay that may occur due to the change. There is no fee for filing changes to pending applications.

III. WHAT TO EXPECT

You can expect to receive notification that your application has been approved normally within 90 days from receipt of the application assuming the application is complete and our investigation does not reveal any circumstances that would preclude licensing. Incomplete applications will be returned normally within a week. You can also expect the Commission to contact the references for the qualifying individual.

Proof of Financial Responsibility

It will be necessary to obtain financial responsibility upon notification by the Commission that the application for a license as an ocean transportation intermediary has been approved. A license will be issued after the Commission has received and accepted proof of financial responsibility in the form and amount as prescribed in 46 C.F.R. § 515.21 of the Commission's ocean transportation intermediary regulations. The name of the principal on the proof of financial responsibility must match exactly the legal name of the applicant including abbreviations and punctuation.

If more than six (6) months elapse between the date of approval of an application and receipt of the proof of financial responsibility, the Commission will, at its discretion, undertake a supplementary investigation to determine the continued qualification of the applicant. The fee for such supplementary investigation is \$224. Should applicant not file the requisite proof of financial responsibility within two years of the date of approval, the Commission will consider the application to be void.

Form **FMC-18**

(Rev. March 1, 1999)

Federal Maritime
Commission

**APPLICATION FOR A LICENSE
AS AN OCEAN TRANSPORTATION INTERMEDIARY**

OMB No. 3072-0012

(Expires 2/2002)

Name of corporation, partnership or sole proprietorship:

|License No. (if any)

Trade name(s):

Number, street, and room or suite number (If a P.O. box, see instructions.):

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

Country

Is this a new address? ☐ Yes ☐ No

Application for (check as many as applicable and complete the designated Parts for the boxes checked):

☐ new license to operate as an ocean freight forwarder (Parts A, C, D, E, F)

☐ new license to operate as a non-vessel operating common carrier (Parts A, C, D, E, F)

☐ new license to operate as both an ocean freight forwarder and a non-vessel operating common carrier (Parts A, C, D, E, F)

☐ name change (including trade name(s)) (Parts B, F)

☐ replacement/additional qualifying individual (Parts C, D, F)

☐ license transfer (Parts A, D, E, F)

☐ other (please specify) _____

☐ business structure change (Parts A, D, E, F)

All questions within applicable Parts must be answered or noted "N/A."

PART A

GENERAL

**TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE, BUSINESS
STRUCTURE CHANGE OR LICENSE TRANSFER**

1. Applicant is:

☐ A Sole Proprietorship

☐ A Partnership

☐ A Corporation: Date of Incorporation ____/____/____ State of Incorporation _____
Mo. Da. Yr.

Applicant's Taxpayer Identification Number (TIN) _____

Provide proof of legal name. Corporations must attach "Certificate of Good Standing." If applicant uses a trade name(s), attach "Certificate of Registration for Trade Name(s)" or other proof of trade name.

2. Will applicant conduct ocean transportation intermediary services through branch office(s)? ☐ Yes ☐ No If "Yes," how many branch offices? _____ (If "Yes," please complete Part E.)

3. Has applicant previously held an ocean freight forwarder or ocean transportation intermediary license issued by the Federal Maritime Commission? ☐ Yes ☐ No (If "Yes," complete items a, b and c.)

a. License No.: _____ b. Date Issued: _____ c. Name Under Which Issued: _____

Mo. Da. Yr.

4. Describe the current business activities of the applicant (for example, customhouse broker, NVOCC, air freight forwarder, etc.). If inactive, check here ☐.
- _____
- _____
5. Does applicant now share or intend to share office space or expenses with any other person or entity? ☐ Yes ☐ No (If "Yes," please identify that person or entity and explain the applicant's relationship with this person or entity.)
- _____
- _____
6. Is any person or entity, other than the applicant or its principals, providing financial assistance to the applicant, such as advancing funds or collateral for the surety bond? ☐ Yes ☐ No If the answer is yes, please identify the entity: _____
7. Has applicant or any of applicant's partners, officers, directors, or stockholders ever:
- | | | |
|--|------------------------------|-----------------------------|
| (1) been found in violation of any shipping or bill of lading statute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) filed or been involved in a bankruptcy proceeding, other than as a claimant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) been convicted of a crime, other than traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the response to any part of this question is "Yes," please attach an explanation.

PART B

NAME CHANGE

TO BE COMPLETED BY PERSONS REQUESTING APPROVAL OF A NAME CHANGE
OR A CHANGE, ADDITION OR DELETION
OF A TRADE NAME

8. New name of corporation, partnership or sole proprietorship. Provide proof of legal name. Corporations must attach "Certificate of Good Standing").
New name:

Trade name(s), if any (attach Certificate of "Registration for Trade Name(s)" or other proof of trade name):

PART C

QUALIFYING INDIVIDUAL

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE
AND REPLACEMENT/ADDITIONAL QUALIFYING INDIVIDUALS

9. Name of proposed qualifying individual: _____ | Title: _____
10. Is the proposed qualifying individual an:
- | | |
|-----------------------------------|---|
| Initial Qualifying Individual | <input type="checkbox"/> |
| Additional Qualifying Individual | <input type="checkbox"/> |
| Replacement Qualifying Individual | <input type="checkbox"/> (Name of individual being replaced: _____) |

11. Is the qualifying individual a corporate officer or active partner. ☐ Yes ☐ No (If "Yes," please attach proof of position held.)

12. Length of qualifying ocean transportation intermediary experience (years/months): _____

13. Has the proposed qualifying individual(s) ever:

- | | |
|--|--|
| (1) been submitted as the qualifying individual for another company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) been found in violation of any shipping or bill of lading statute? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) filed or been involved in a bankruptcy proceeding, other than as a claimant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) been convicted of a crime, other than traffic violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(If the response to any part of this question is "Yes," please explain on separate sheet).

14. Employment history of qualifying individual demonstrating experience in ocean transportation intermediary services (attach separate sheet, if necessary):

(a)	Employer's name:	Dates employed:
		to
	Number, street, and room or suite number:	FMC License No. (If applicable):
	City or town, state, and ZIP code:	
	Area code/telephone number:	Area code/fax number:
	Name of Supervisor:	Type of business:
	Description of ocean transportation intermediary duties performed:	

(b)	Employer's name:	Dates employed:
		to
	Number, street, and room or suite number:	FMC License No. (If applicable):
	City or town, state, and ZIP code:	
	Area code/telephone number:	Area code/fax number:
	Name of Supervisor:	Type of business:
	Description of ocean transportation intermediary duties performed:	

(c)	Employer's name:	Dates employed:
		to
	Number, street, and room or suite number:	FMC License No. (If applicable):
	City or town, state, and ZIP code:	
	Area code/telephone number:	Area code/fax number:
	Name of Supervisor:	Type of business:

Description of ocean transportation intermediary duties performed:

15. Identify three (3) persons, unrelated to the qualifying individual or applicant, who have first-hand knowledge of the actual ocean transportation intermediary experience of the qualifying individual.

(a) Name: | Title:

Employer's name:

Number, street, and room or suite number:

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

Time period when person named above had knowledge of qualifying individual's experience.

Nature of business relationship through which person gained first-hand knowledge of the qualifying individual's ocean freight forwarding experience.

(b) Name: | Title:

Employer's name:

Number, street, and room or suite number:

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

Time period when person named above had knowledge of qualifying individual's experience.

Nature of business relationship through which person gained first-hand knowledge of the qualifying individual's ocean transportation intermediary experience.

(c) Name: | Title:

Employer's name:

Number, street, and room or suite number:

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

Time period when person named above had knowledge of qualifying individual's experience.

Nature of business relationship through which person gained first-hand knowledge of the qualifying individual's ocean transportation intermediary experience.

PART D**OWNERSHIP AND AFFILIATIONS**

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE, BUSINESS STRUCTURE CHANGE, LICENSE TRANSFER AND, IF APPLICABLE, CHANGES RESULTING FROM PERSONNEL CHANGES OR REPLACEMENT/ADDITIONAL QUALIFYING INDIVIDUAL

16. Applicant's Ownership, Directors and Stockholders:

Name of Officer/Director/Partner/Stockholder/Business Entity	Title	Percentage of Ownership

17. Will applicant, its qualifying individual, or any officer, director, partner or stockholder have a beneficial interest in shipments moving in the U.S. foreign commerce? ☐ Yes ☐ No

If "Yes," identify the name and address of each person or entity having a beneficial interest in shipments moving in the U.S. foreign commerce and the nature of such beneficial interest.

18. Is either applicant or its qualifying individual related to any other entity by reason of ownership, employment, or common officers, directors or stockholders? ☐ Yes ☐ No

If "Yes," identify the name and address of each entity related to the applicant or its qualifying individual; the relationship or affiliation to applicant or qualifying individual and the type of business in which such entity is engaged.

PART E**BRANCH OFFICES**
(DETAILED INFORMATION ON BRANCH OFFICES)

19. Identify branch office(s) (attach separate sheet, if necessary):

(a) Address of Branch Office:

Separately Incorporated:

☐ Yes ☐ No

Number, street, and room or suite number (If a P.O. box, see instructions.):

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

(b) Address of Branch Office:

Separately Incorporated:

☐ Yes ☐ No

Number, street, and room or suite number (If a P.O. box, see instructions.):

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

(c) Address of Branch Office:

Separately Incorporated:

☐ Yes ☐ No

Number, street, and room or suite number (If a P.O. box, see instructions.):

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

(d) Address of Branch Office:

Separately Incorporated:

☐ Yes ☐ No

Number, street, and room or suite number (If a P.O. box, see instructions.):

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

(e) Address of Branch Office:

Separately Incorporated:

☐ Yes ☐ No

Number, street, and room or suite number (If a P.O. box, see instructions.):

City or town, state, and ZIP code:

Area code/telephone number:

Area code/fax number:

PART F**CERTIFICATIONS****SOLE PROPRIETORSHIPS ONLY**

I, _____, certify under penalty of perjury

(NAME OF SOLE PROPRIETOR)

under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to 21 U.S.C. 862.

Signature of Sole Proprietor

Date

ALL APPLICANTS INCLUDING SOLE PROPRIETORS

I certify that I have received and read a copy of the Commission's ocean transportation intermediary regulations, 46 C.F.R. Part 515, and pertinent sections of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998 (46 U.S.C. app. 1701 et. seq.), governing the licensing of ocean transportation intermediaries, and that I will abide by all the provisions thereof from this date forward.

I further certify that I have specifically reviewed 46 C.F.R. § 515.42(h) (concerning the operations of licensees which are NVOCCs or which are related to NVOCCs) and 46 C.F.R. § 515.42(i) (concerning the operations of licensees which have a beneficial interest in merchandise exported from the United States by water or which are related to persons with a beneficial interest in merchandise exported from the United States by water).

I further certify that I shall not act as an ocean transportation intermediary as defined in section 3 of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998, or perform ocean transportation intermediary services as defined in 46 C.F.R. Part 515, unless and until applicant is issued a valid ocean transportation intermediary license by the Federal Maritime Commission.

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct and complete.

Signature

Title

Date

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

General—The information contained in this notice is required to be provided pursuant to Public Law 93-579 (Privacy Act of 1974) 5 U.S.C. 552a, as amended, for individuals completing Form FMC-18 Rev. "Application For A License as an Ocean Transportation Intermediary."

Authority—Sections 15, 17, and 19 of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998 (46 U.S.C. app. 1714, 1716 and 1718), and section 4 of the Administrative Procedure Act (5 U.S.C. 553) authorize and direct the Federal Maritime Commission to make rules and regulations affecting licensing, activities, obligations and responsibilities of ocean transportation intermediaries engaged in carrying on the business of a transportation intermediary in oceanborne commerce from the United States. Pursuant to that authority, the Commission has published in 46 CFR Part 515, regulations and forms to implement section 19 of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act, with respect to the eligibility and procedure for licensing an ocean transportation intermediary. To be eligible for licensing pursuant to 46 CFR Part 515, disclosure of information contained in Form FMC-18 Rev. is mandatory.

Purposes and Uses—The primary purpose for the information requested in Form FMC-18 Rev., referred to above, is to assist in determining whether an applicant for a license as an ocean transportation intermediary meets the necessary qualifications set forth in 46 CFR Part 515 to be eligible for such a license. After a license is granted, this information is also needed for the purpose of monitoring the activities and status of licensees to ensure they are in compliance with statutory requirements and Commission regulations.

All of the information in Form FMC-18 Rev. may be disclosed for routine use by the agency, as provided in System of Records FMC-7, 42 FR 48134, and in particular, where there is an indication of a violation or potential violation of law, whether civil or criminal or regulatory in nature, to the appropriate federal, state or local agency charged with the responsibility of investigating or prosecuting such violation or charged with enforcement or implementation of the statute, rules, regulations or orders issued pursuant thereto.

THE TIME IT TAKES TO PREPARE YOUR APPLICATION

According to the Paperwork Reduction Act of 1995, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid control number for this information collection is 3072-0012. The time required to complete this information collection is estimated to average two person hours per response, including the time to review instructions, research existing data resources, gather the data needed, and complete and review the information collection.